IFW/

PATENT

Practitioner's Docket No. 2550/174

JAN 1 0:2005 2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re application of: Wachtmann et al.

Application No.: 10/601,980

Date Filed: 06/23/2003 Examiner: Thao Le

For: Apparatus and Method of Forming a Device Layer

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee:

\$120.00

Group No.: 2818

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

(type or print name of person certifying)

^{*} Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2) (Col. 3)				OTHER THAN A SMALL ENTITY					
	CLAIMS			-							
	REMAINING	HIGH	IEST NO.								
	AFTER	PREV	/IOUSLY	PR	ESENT					ADDIT.	
	AMENDMENT	PAID FOR		EXTRA		RATE				FEE	
TOTAL	20		20	=	0	x	\$	50.00	=	\$	0.00
INDEP.	3	_	3	=	0	x	\$	200.00	_	\$	0.00
								***Multi			
								dependent			
								claim			
FIRST PR	ESENTATION O	F MUL	TIPLE DE	P. CLA	MIM	+	\$	CO***	=	\$	0.00
								TOTAL			
							Α	DDIT. FEE		\$	0.00

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$120.00 to Deposit Account No. 19-4972.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 19-4972.

If an additional fee for claims is required, charge Account No. 19-4972.

Date: January 6, 2005

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